



## PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to:

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 Assistant Commissioner for Patents  
 Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or see Block 1)

7590 03/26/2002

 Ezra Sutton PA  
 P/Box 9 900 Route 9  
 Westbridge, NJ 07095

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Judith M. Traina

(Depositor's name)

Judith M. Traina

(Signature)

May 28 2002

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09654,996	09/05/2000	Edward L. Tobinick, M.D.	TOBINICK 3.0-011 (CIP)	8395

TITLE OF INVENTION: TNF MODULATORS FOR TREATING NEUROLOGICAL DISORDERS ASSOCIATED WITH VIRAL INFECTION

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
84	nonprovisional	YES	\$640	\$0	\$640	06/26/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANNAVAJJALA, LAKSHMI SARADA	1615	424-400000

1. Change of correspondence address or indication of "Fee Address" (37, CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

EZRA SUTTON

PA

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

## (A) NAME OF ASSIGNEE

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

EZRA SUTTON

(Date)

5-28-02

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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06/11/2002 RMEB041 00000156 09654996

01 FC:242

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